



Landfill Monitoring Report Transmittal

LANDFILL MONITORING COORDINATOR
BUREAU OF WASTE MANAGEMENT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
79 ELM STREET
HARTFORD, CT 06106-5127

Please submit all monitoring information for each monitoring period in one package with this transmittal form to the address specified above. Please submit complete monitoring reports, NOT partial reports.

Part I: Landfill Information

1. Landfill Name:			
Landfill Site Address:			
City/Town:			
Site I.D. Number (if applicable):			
2. Owner of the Landfill:			
Mailing Address:			
City/Town:	State:	Zip Code:	
Business Phone:	ext.	Fax:	
Contact Person:	E-mail:		
3. Solid Waste Permit #:		Date of issuance:	
Solid Waste Operation and Management Plan Title:			
Date:			
Groundwater Discharge Permit #:		Date of Issuance:	
Order Number:		Date of Issuance:	

Part II: Submittal Information

1. Year of Submittal:			
<input type="checkbox"/> 1 st Quarter Report	<input type="checkbox"/> 2 nd Quarter Report	<input type="checkbox"/> 3 rd Quarter Report	<input type="checkbox"/> 4 th Quarter Report
<input type="checkbox"/> 1 st Semiannual Report	<input type="checkbox"/> 2 nd Semiannual Report		
<input type="checkbox"/> Annual Report			
<input type="checkbox"/> Other: Specify:			
2. Submitter Name:			
Mailing Address:			
City/Town:	State:	Zip Code:	
Business Phone:	ext.	Fax:	
Contact Person:	E-mail:		

Part III: Monitoring Program

 Check the appropriate box(es).

<input type="checkbox"/> Drinking Water Wells Sampled	<input type="checkbox"/> Surface Water Sampled	<input type="checkbox"/> Monitoring Wells Sampled
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